SISC
Self-Insured Schools of California
Schools Helping Schools

Yosemite Community College District

ACTIVE Plan Election Form - 2023-2024

REV 10/01/23

Effective October 1, 2023 thru September 30, 2024, EMPLOYEES may choose between one (1) Kaiser HMO and four (4) Blue Shield (BS) PPO medical plans. Your choices are listed below. Please review the information packet provided for each plan for details, limitations, and exclusions to help you choose the benefits that best meet the needs of you and/or your family. Select your choice by initialing under the plan you wish to enroll.

If you are not making any changes, you do not need to return this form.

MEDICAL PLAN OPTIONS - ACTION REQUIRED

SELECT A PLAN FROM FIVE CHOICES BELOW AND INITIAL YOUR CHOICE:

	District Paid Plan **Kaiser HMO**	District Paid Plan **Blue Shield PPO 80%-G Plan**
Medical Plan:	606394-0058/ACN, ALN, AMN	SISC BSC - SC P021000/01/02
Calendar Year Individual/Family Deductible(s):	Not Applicable	$500 / $1,000
Calendar Year Co-Insurance Maximum:	Med/RX: $1,500/$3,000	Med $2,000/$4,000; Rx $2,500/$3,500
Office Visit Co-Pay & BS Behavioral Health Co-Pay	$30 Co-Pay	$30 Co-Pay
Treatment Co-Insurance after Deductible is met:	Not Applicable	20% after Deductible
Prescription - Retail	$10 Generic / $30 Brand	$10 Generic / $35 Brand
Prescription Drug/Calendar Year/Brand Name Deductible - Not Applicable to Generic Drugs	Not Applicable	$200 Single / $500 Family (January 1 thru December 31)
TOTAL PREMIUM:	**$1,824.00**	**$1,904.00**
YCCD-Paid Monthly Premium:	**$1,824.00**	**$1,904.00**
Employee Monthly Premium:	**$0.00**	**$0.00**
	I Select Kaiser HMO Plan: _____	I Select BS 80%-G Plan: _____

NOTE!!!
If changing from Kaiser to Blue Shield, or from Blue Shield to Kaiser, you must also complete the appropriate enrollment form.

THESE PLANS REQUIRE A "POP" FORM	Buy-Up - 80/20% **Blue Shield PPO 80%-C**	Buy-Up - 90/10% **Blue Shield PPO 90%-G**	Buy-Up - 100% **Blue Shield PPO 100%-D**
Medical Plan:	SISC BSC - SC P031000/01/02	SISC BSC - SC P041000/01/02	SISC BSC - SC P011000/01/02
Calendar Year Individual/Family Deductible(s):	$200 / $500	$500 / $1,000	$300 / $600
Calendar Year Co-Insurance Maximum:	Med $1,000/$3,000, Rx $2,500/$3,500	Med $1,000/$3,000, Rx $2,500/$3,500	Med $1,000/$3,000, Rx $2,500/$3,500
Office Visit Co-Pay & BS Behavioral Health Co-Pay:	$20 Co-Pay	$20 Co-Pay	$30 Co-Pay
Treatment Co-Insurance after Deductible is met:	20% after Deductible	10% after Deductible	No Charge after Deductible
Prescription - Retail	$10 Generic / $35 Brand	$9 Generic / $35 Brand	$10 Generic / $35 Brand
Prescription Drug/Calendar Year/Brand Name Deductible - Not Applicable to Generic Drugs	$200 Single / $500 Family (January 1 thru December 31)	Not Applicable	$200 Single / $500 Family (January 1 thru December 31)
TOTAL PREMIUM:	**$2,115.00**	**$2,153.00**	**$2,280.00**
YCCD-Paid Monthly Premium:	**$1,904.00**	**$1,904.00**	**$1,904.00**
Employee Monthly Premium:	**$211.00**	**$249.00**	**$376.00**
	I Select BS 80%-C Buy-Up Plan: _____	I Select BS 90%-G Buy-Up Plan: _____	I Select BS 100%-D Buy-Up Plan: _____

DENTAL PLAN OPTIONS - ACTION REQUIRED

SELECT A PLAN FROM TWO CHOICES BELOW AND INITIAL YOUR CHOICE:

DELTA PREMIER INCENTIVE PLAN - Includes Orthodontic Coverage
Coverage begins at 70% and increases to 100%.
Increase in coverage occurs every calendar year plan is utilized by each covered member.

I Select Delta Premier Incentive Plan: _____

DELTA PPO (DPO) PLAN – Excludes Orthodontic Coverage
Coverage begins at 100%
By choosing the PPO/DPO Plan I understand that I am responsible for a greater portion of my dental costs when I use a non-preferred provider. I realize that I cannot change to the Delta Premier Incentive Plan until a subsequent Open Enrollment period, generally held in August with an October 1 effective date. I also understand that if I choose to change to the Incentive Plan during an Open Enrollment, my benefits will start at 70%.

I Select Delta PPO (DPO) Plan: _____

VISION SERVICE PLAN - AUTOMATICALLY ENROLLED

VISION SERVICE PLAN – Automatically Enrolled

By signing below, I understand that the only time I may change from one plan to another plan is during the District's designated Open Enrollment period for an effective date of October 1.

I also acknowledge that if I gain a new dependent (i.e. marriage, birth, or adoption), I can add those dependents by completing a SISC Membership Change Form and by providing proper documentation to the YCCD Benefits Office within 31 days of the event date. Missing this window means that I must wait until the next Open Enrollment period.

Documentation required for enrollment of dependents: Marriage certificate for Spouse, Birth certificate for Children

_____ PRINT NAME

☐ Certificated/Faculty
☐ Classified
☐ Management

_____ SOCIAL SECURITY NUMBER

_____ SIGNATURE

_____ DATE

If you have enrollment changes, you will receive new ID cards in the mail. Please contact the customer service number on your ID card to order additional ID cards.

This form will be placed in your benefits personnel file.